

B210  
(12/04)

**UNITED STATES BANKRUPTCY COURT**  
**Southern District of New York**

In re: **Delphi Corp.**

Case No. **05-44481**  
(Jointly Administered)  
Court ID (Court use only) \_\_\_\_\_

**NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives notice pursuant to Rule 3001(e)(2), Fed.R.Bankr.P., of the transfer, other than for security, of the claim referenced in this notice.

<b>SPCP GROUP, L.L.C., as agent for Silver Point Capital Fund, L.P. and Silver Point Capital Offshore Fund, LTD</b> Name of Transferee	<b>Motion Industries, Inc.</b> Name of Transferor
Name and Address where notices to transferee should be sent <b>SPCP GROUP, L.L.C., as agent for Silver Point Capital Fund, L.P. and Silver Point Capital Offshore Fund, LTD</b> <b>Two Greenwich Plaza, 1<sup>st</sup> Floor</b> <b>Greenwich, CT 06830</b> <b>Attn: Brian Jarmain</b>	Court Record Address of the transferor (Court Use Only)
Last Four Digits of Acct. #: _____	Last Four Digits of Acct. #: _____
<b>Transfer Amount: \$ 108,287.35</b>	
Name and Address where transferee payments should be sent (if different from above)  <b>SPCP GROUP, L.L.C., as agent for Silver Point Capital Fund, L.P. and Silver Point Capital Offshore Fund, LTD</b> <b>Two Greenwich Plaza, 1st Floor</b> <b>Greenwich, CT 06830</b> <b>Attn: Irene Wu</b>	Name and Current Address of transferor  <b>Motion Industries, Inc.</b> <b>P.O. Box 1477</b> <b>Birmingham, AL 35201-1477</b> <b>Attn: Kim Robinson</b>
Phone: <b>203-542-4061</b> <b>203-542-4161</b>	Phone: <b>(312) 629-5188</b>
Last Four Digits of Acct #: _____	Last Four Digits of Acct #: _____
Proof of Claim #10232 Date Claim Filed: 7-21-2006	

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 

Date: **July 31, 2007**

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

**~DEADLINE TO OBJECT TO TRANSFER~**

The transferor of claim named above is advised that this Notice of transfer of Claim Other Than for Security has been filed in the clerk's office of this court as evidence of the transfer. Objections must be filed with the court within twenty (20) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: \_\_\_\_\_

CLERK OF THE COURT

**EXHIBIT A TO  
ASSIGNMENT OF CLAIM**

**EVIDENCE OF TRANSFER OF CLAIM**

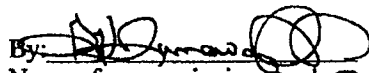
**TO: THE DEBTOR AND THE BANKRUPTCY COURT**

For value received, the adequacy and sufficiency of which are hereby acknowledged, **MOTION INDUSTRIES, INC.** ("Assignor") hereby unconditionally and irrevocably sells, transfers and assigns to **SPCP GROUP, L.L.C.**, as agent for Silver Point Capital Fund, L.P. and Silver Point Capital Offshore Fund, Ltd., ("Assignee") all of its right, title, interest, claims and causes of action in and to, or arising under or in connection with, claims in the aggregate amount of \$108,287.35 (the "Assigned Claim"), against Delphi Medical Systems Colorado Corporation (the "Debtor"), the Debtor-in-possession in Case No. 05-44507 (the "Case") under Chapter 11 of the Bankruptcy Code (11 U.S.C. § 101 et. seq.) (the "Bankruptcy Code") in the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"), and any and all proofs of claim filed by Assignor with the Bankruptcy Court in respect of the foregoing claim, particularly Claim No. 10232.

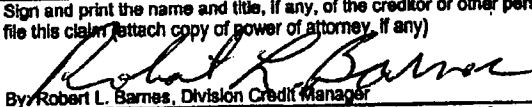
Assignor hereby waives any objection to the transfer of the Assigned Claim to Assignee on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law. Assignor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Assignor transferring to Assignee the foregoing claim and recognizing the Assignee as the sole owner and holder of the Assigned Claim. Assignor further directs the Debtor, the Bankruptcy Court and all other interested parties that all further notices relating to the Assigned Claim, and all payments or distributions of money or property in respect of claim, shall be delivered or made to the Assignee.

IN WITNESS WHEREOF, this Evidence of Transfer of Claim is executed on July 25, 2007.

**MOTION INDUSTRIES, INC.**

By:   
Name of person signing G. H. DUNAWAY JR  
Title of person signing EXECUTIVE VICE PRES.

o\*FILE ORIGINAL FOR CHAPTERS 7 AND 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

<b>United States Bankruptcy Court for the Southern District of New York</b>		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11 PLEASE CHECK CHAPTER
<b>Name of Debtor</b> Delphi Medical Systems Colorado Corporation		<b>Case Number</b> 05-44507
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<b>PROOF OF CLAIM</b>
<b>Name of Creditor (The person or other entity to whom the debtor owes money or property)</b> Motion Industries, Inc.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	<b>File Claim Form With:</b>  United States Bankruptcy Court  Claim #10232 USBC SDNY Delphi Corporation, et al. 05-44481 (RDD) Creditor # _____  <b>THIS SPACE FOR COURT USE ONLY</b>
<b>Name and Address Where Notices Should be Sent</b> Kimberly J. Robinson Barack Ferrazzano Kirschbaum Perlman & Nagelberg LLP 333 W. Wacker Drive, Suite 2700 Chicago, IL 60606-1227		
<b>Account or other number by which creditor identifies debtor:</b>	<b>Check here if this claim</b> <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____	
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death   Last four digits of SS# _____ <input type="checkbox"/> Taxes <input type="checkbox"/> Other -   Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)		
<b>2. DATE DEBT WAS INCURRED</b> 7/28/2005 and forward		<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b> AUG 02 2006
<b>4. Total Amount of Claim at Time Case Filed: \$108,287.35</b> (unsecured) (secured) (priority) (Total)		<b>5. Secured claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Value of collateral:  Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____
<b>6. Unsecured Nonpriority Claim: \$108,287.35</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		<b>7. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(1) and § 503(b) See Supplement *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>8. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. ANY ATTACHMENT MUST BE 8-1/2" BY 11". (See attached) <b>10. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Date:</b> 7/19/08	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  By: Robert L. Barnes, Division Credit Manager	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 162 and 3571.		

